PART B - FEE(S) TRANSMITTAL

Complete and send	this form, together wit	h applicable f	fee(s), to: <u>Ma</u> or Fa	P.O. Box 1450 Alexandria, Vi	JE FEE for Patents rginia 22313-1450	
NSTRUCTION This for the contract of the contra	below or directed otherwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PU	BLICATION FEE (if re-	quired). Blocks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sep	should be completed when t correspondence address a arate "FEE ADDRESS" fo
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for	any change of address)		Fee(s) Transmittal.	of mailing can only be used f This certificate cannot be used mal paper, such as an assignm ate of mailing or transmission.	for any other accompanyin
SANDIA CORP P O BOX 5800 MS-0161 ALBUQUERQUE 3/28/2005 HDEMESS2 000		8		I hereby certify that States Postal Service addressed to the M transmitted to the U	this Fee(s) Transmittal is being with sufficient postage for final Stop ISSUE FEE address SPTO (703) 746-4000, on the	smission In deposited with the Unite In the content of the conte
1 FC:1501 1400.0 2 FC:1504 300.0 3 FC:8001 18.0	O DA				(heres)	(Signature
APPLICATION NO.	FILING DATE		FIRST NAMED IN	IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: A	AXIALLY TAPERED AND I	BILAYER MICRO		PUBLICATION FEE	OLLING DEVICES TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	0	\$300	\$1700	05/02/2005
				CLASS-SUBCLA SS	¬	
EXAMINER MCKINNON, TERRELL L		3743		165-104210	_	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. TIMOTHY P. EVANS			
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	_	low, no assignee of this form is NO' (B	data will appear T a substitute for B) RESIDENCE:	** '	ŕ	document has been filed fo
SANDIA NATI	IONAL LABORATORI	ES	LIVER			-
Please check the appropriate 4a. The following fee(s) are Issue Fee	e assignee category or categor enclosed:		o. Payment of Fee	<u> </u>	Corporation or other private gr	oup entity Governmen
	small entity discount permitte		Payment by	credit card. Form PTO-20	38 is attached.	
Advance Order - # o	f Copies 6 EACH		The Director Deposit Accoun	r is hereby authorized by t Number 50–0583	charge the required fee(s), or (enclose an extra c	credit any overpayment, topy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See 3	7 CFR 1.27.	☐ b. Applicant	is no longer claiming SM	ALL ENTITY status. See 37 C	FR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Issu Publication Fee (if required) words of the United States Pate	e Fee and Publicate ill not be accepted at and Trademark	tion Fee (if any) of I from anyone oth Office.	or to re-apply any previou ner than the applicant; a re	sly paid issue fee to the applications and attorney or agent; or t	ation identified above. he assignee or other party i
Authorized Signature	Timoth	P.Son		Date	03/22/2005	
/ Typed or printed name_	TIMOTHY P. EVA		• .		on No. 41, 013	
Alexandria, Virginia 22313	-1430.		•		with public which is to file (an 2 minutes to complete, includic comments on the amount of tid Trademark Office, U.S. Dep SS. SEND TO: Commissioner it displays a valid OMB contro	